Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Damanis lega	Santiago
Participant's Address:	Drb. Vista Honte Ca	ile 6 G3 Cidra, P.R. 00739
Participant's Email Address:	Vega damaris 6/ a	ginail Com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		* ,
2. Participant's C	laim number and the nature of I	Participant's Claim:
Claim Number:	175647-1	175647
Nature of Claim:  By: Signature  Print Name	Wages Back Pay Po jar Datingo Santiago	no. 17BK 3283- LTS
Title (if Participant is		
Date Date	1 soft of days	,

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Urb. Vista Mante Calle 6 6-3

Cidra, Puerto Rico 00739



U.S. DISTRICT COURT SAIL CLAYLIR

Court's Clerk's Office United states District Court, Clerk's Office, 150 Ave. Carbs Chardon ste 150, San Juan, P.R. Dog 18-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	8
Participant's Name:	Nelida Vega Santiago
Participant's Address:	Urb. Ferrer Calle 1 #8 Cidra, P.R.007
Participant's Email Address:	Nelida Vega Sntgoal g mail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	175650-1 175650
Nature of Claim:	Wayes Back Ray Romesa Title III
By: Kalila Vega	Sorting 100. 17 BK 3283 - 1-13
Nelida Jega Print Name	Santiago
	*
Title (if Participant is	not an individual)
22 de septiem	bredeto21

Melida Vega Santiago
Urb. Ferrer Calle 1 # 8
Cid ra, Puerdo Rico 00739

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Court's Clerk's Office
United States District Court,
United States District Court,
Clerk's Office, 150 Ave. Carlos Chardon Ste.
150, San Juan P.R. 00918-1767

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Carmen H. Padilla Alvarez
Participant's Address:	P.O. BOX 801 Ciales P.R. 00638
Participant's Email Address:	tizadialvarez @ amail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	101091
Nature of Claim:  By: Aug Food	Departamento de Educación, El Romerazo de la Sila Uluna. Calderón
Carmen M. F Print Name	
Street Programme Street In	STREET VED
Title (if Participant is r	not an individual)
18 agosto 20	21 2

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CLERK'S OFFICE S.DISTRICT COUR SAN JUAN, P &

01. Box 801 Ciales, F.R. United States DistrictCourt,

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Chardon Ste. San Juan P. R.

Clerk's Office, 150 Ave. Carlos

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Eduardo Pedraza Ambert
	1-9 Usb. Villa Victoria Cagues, P.B. 00725
Participant's Email Address:	
Name of Counsel:	None
Address of Counsel:	None
Email Address of Counsel:	None
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	103993
Nature of Claim:	Salgry
By: Signature	5N Leth
Quardo Per	not an individual)
Print Name	
Title (if Participant is	not an individual)
September 2, Date	

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LS DISTRICT COURT
SAN JUAN. PR

EDUARDO PEDRAZA AMBERT URB. VILLA VICTORIA L-9 CALLE 7 CAGUAS, PR 00725

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UNITED STATES DISTRICT COURT,
CLERK'S OFFICE
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SAN JUAN, P.R. 00918 - 1767



Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Pro se Notices of Participation Page 9 of 66

Participant must provide all of the information below in English:

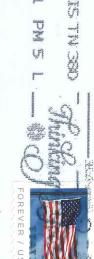
if any:	ding email address, and that of its counsel,
Participant's Name: Juanita Lo	zano Santana
Participant's Address: Calle 106 - 31	2 ano Santana 2.6 Unbo Monte Brisas
Participant's Email Address: Juonibet @ ya	hoo.com
Name of Counsel:	A STATE OF THE STA
Address of Counsel:	
Email Address of Counsel:	THE PARTY OF THE PARTY OF THE PARTY.
2. Participant's Claim number and the nati	are of Participant's Claim:
Claim Number: 170624	
Nature of Claim: Public Em	ployee claims
By: Juanta Figure Santawa	
Signature	RECEIV 2021 SEP CLEAN SAN
Juanita Lozano Santa Print Name	SEP 24 SEP 24 DISTRIC
Time ivanie	¥-19 80
Title (if Participant is not an individual)	
3ept./06/2021	29
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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Irma T. Moveno Soto
Participant's Address: Hacienda Toledo, Madrid 224, Avecibu, P.R.
Participant's Email Address: 1 Vm amores 2 amail. em
Name of Counsel:
Address of Counsel: Na
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-03283-LT5 #92741
Nature of Claim: Sistema Retiro P.R. Carrera Magisterial
By: Ama / marous
Signature  Tyma T. Mareno Soto  Edit Signature
Print Name
Title (if Participant is not an individual)
N C
Date Dember 8, 2021

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Participant must provide all of the information below in English:

1.	Participant's co	ontact information, including email address, and that o	f its counsel,
Participant		Eddie Hermander Varges	FP ASS
Participant	t's Address:	HC-9 BOX 11425, Agnadolla, PA	G00603
Participant	t's Email Address:	herneddie og dgmail.com	- CO
Name of C	Counsel:	stratular in a service of the servic	
Address of	f Counsel:		
Email Add	lress of Counsel:	The state of the s	
2.	Participant's C	Claim number and the nature of Participant's Claim:	
Claim Nur	nber:	NO. 17BK3283-LTS	
Nature of (	Claim:	Promesa Title III	· · · · · · · · · · · · · · · · · · ·
By: Sig	die Hum	and Vancy	
arin J	t Name	er Vagas	
any	Tecnico Asstruction le (if Participant is	not an individual)	
Dar	Syptember 14	2021	

Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc: Pro se Notices of Participation Page 14 of 66

Eddie Hernander 1-1 C-9 BOX 11425 Aguadilla, P.R,00603.

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United States District Court Clerk's Office 150 Ave. Carlos Charden, Ste. 150 San Juan, P.R., 00918-1767

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	Eddie Hernandez Vargas	Fig. 150 and 1
Participant's Address:	HC-9 Box 11425, Agradila,	PR,00603-929
Participant's Email Address:	hern-eddie 092 gmail-com	
Name of Counsel:		· · · · · · · · · · · · · · · · · · ·
Address of Counsel:		
Email Address of Counsel:		, , , , , , , , , , , , , , , , , , ,
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	No. 17BK 3283-LTS	
Nature of Claim:	Promesa Title III	
By: Polisherand	Vago	
Signature	> 0	
Print Name	ndez Varges	
Ta chico Asist	Exist Driet II	
	not on individual)	
Title (if Participant is a		
Date Date	uler-2021.	

Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc: Pro se Notices of Participation Page 16 of 66

Eddie Hernander HC-9 BOX 11425 Aguadilla, P.R,00603.

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Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Pro se Notices of Participation Page 17 of 66 SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, 32 if any:
Participant's Name: Minerua Merca do Domena
Participant's Address: Box 707 Arecibo, P.R. 00613
Participant's Email Address: <u>Merca dominin Ogmail</u> .com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Minera Street mere 100.17 BK 3283-LTS Signature
Minema Merca do Dimera
Print Name
Title (if Participant is not an individual)
14 Dep /2021
Date
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice

must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Courts Clerk's Office at:
United States District Court,
Clerk's Office 150 Aue Carlos Chardox
Ste. 150 ISan Sum, PR, 00918-1767
210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE VERSION JULY 20, 2021
9

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Alfredo M. Arcelay Toro
Participant's Address:	P.O. Box 218 Toa Alta PR. 00954
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	Case: 17-03283-LTS
Nature of Claim:	Departamento de Corrección y Rehabilitación P.R.
By: Olho m, E	neclaritaro mana appear ya na ma una en en un esta de manue valle
Alfredo M. An Print Name	celay Toro
Oficial Correcci Title (if Participant is	not an individual)
13 de se fiembre	ede 2021

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ta, Puerto Rico 00954

150 Ave. Carlos Chardon Ste. 150 San Juan, P. R. 00918-1767

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## Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Pro se Notices of Participation Page 21 of 66

Participant must provide all of the information below in English.

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) Date

2021 SEP 24 PM 6: 30

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SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Leida Cryz Rentes
Participant's Address: Ext. Salazar culle Salpicon num. 17/3 Por
Participant's Email Address: Onz. leida @ yahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 92429
Nature of Claim: 924 29
By: Leida Cruz Rentas  Leida Cruz Rentas
Print Name
Title (if Participant is not an individual)
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Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Wildredo Corps-Kivera Participant's Name: iets de SAN FERNAU do Apt. 601 CAROLINA P.R. 00987 Participant's Address: Participant's Email Address: wcorps 1964@ gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 170632 Claim Number: Nature of Claim: Title (if Participant is not an individual) September 7, 2021

RECEIVED AND FILED CLERK'S OFFICE U.S. DIS

3 3 2 4 PM 6: 32

Wilfredo Corps Rivera 6 Chalets de Savbervando Apt. 601 (PAPOlina, P.R., 00987

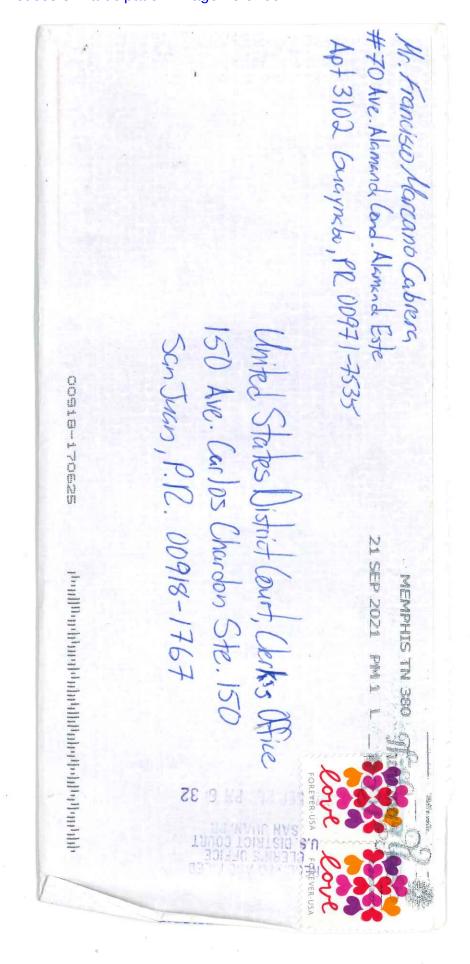
Inited States District Court Clerks Office 150 Ave. Carlos Chandon Ste. 150

Saw Juny, P.R. 00918-1767

signature of the second of the

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, 2
if any:
Participant's Name: Francisco Mangano Cabrerg
Participant's Address: #70 Ave. Alamanda Cond. Alamanda Este. Apt. 3102
Participant's Email Address: 642/1266 PR,00971 Franciscomarcano 898/2011-0011
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 B/5 3283-LTS
Nature of Claim:
By: Mille
Francisco Marcano Cabera
Print Name
Title (if Participant is not an individual)
9/10/21
Date /



Participant must provide all of the information below in English: DISTRICT COURT

Participant's contact information, including email address, and that of its counsel,

if any:		SEP 24 PM 6: 3
Participant's Name:	atissidad Cald	esóx Marriso
Participant's Address:	s' Contesa Secto.	ob 674
Participant's Email Address:	frice pr. ZSC	@gmail. Con
Name of Counsel:		
Address of Counsel:	1	
Email Address of Counsel:	1	
2. Participant's Claim	number and the nature o	f Participant's Claim:
Claim Number:	170757-	
Nature of Claim:	Retribution	
By: Ya fineded &	alderon Manes	10
Signature		* *
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July 3000 Comment of the comment of		
Title (if Participant is not a	n individual)	4
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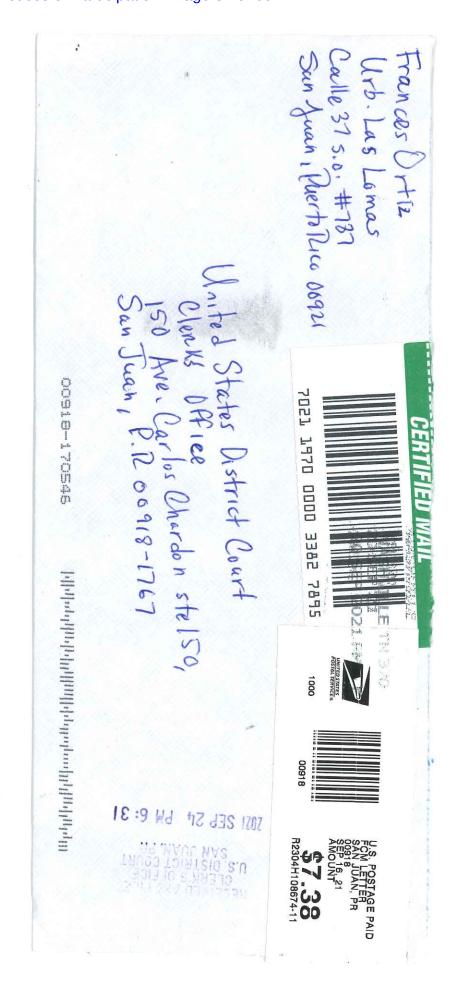
Participant must provide all of the information below in English:

<ol> <li>Participant's contact if any:</li> </ol>	information, including email address, and that of its counsel,	
Participant's Name:	José Gomos Candiana 6:31	
Participant's Address:	AC 04 BOX 18534	
Participant's Email Address:		
Name of Counsel:	No	
Address of Counsel:	No	
Email Address of Counsel:	NO	
2. Participant's Claim	number and the nature of Participant's Claim:	
Claim Number:	32353	
Nature of Claim:	Common wealth	
By: Ou E. Jon	y and the same of	
Signature Corner	Candilaria	
Print Name		
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Title (if Participant is not an	individual)	
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Date		

# Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc: Pro se Notices of Participation Page 33 of 66

Participant must provide all of the information below in English.

Participant's contact information, including email address, and that of its counsel, 1. (III) SEP 24 if any: Participant's Name: Callo 395.0. #787 S.J. PR00921 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) 7-16-2021 Date



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Carmen H. Hendes	Musder
HC-DI BOX 5382 HOC	a Riento Rico oobra
maggie · Compras a g mo	il. com
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Claim number and the nature of Participant	's Claim:
No. 17 BK 3283- L	75
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Elena Martero Mora
Participant's Address: Calle Crisolina 4825 Upb Verden
Participant's Email Address: LNC VICTO MORA & Grad. Com 100
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 3K 3283 - LT5
Nature of Claim: 1 Prame SA Title III
By: Elena Jarrero Mosa Signature
Elina Marravo Mora Print Name
Title (if Participant is not an individual)
8 26 26 2021 Date   Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

PM 6:31

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50 Ave. Carlos Chardon Ste. 150

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

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U.S. DISTRICT COURT
SAN JUAN, PR

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lark's Office
lark's Office
Charden Sta 150
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HARRISBURG PA 171 9



Participant must provide all of the information below in English:
1. Participant's contact information, including email address, and that of its counsel, R if any:
Participant's Name: Irma Rodriguez Hernandez
Participant's Address: P.O. Box 218 Toa Alta P.R. 00954
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>Case</u> : 17-03283-LTS
Nature of Claim: Sistema de Retiro Maestro-Pens
By: Im Rodriguez Hemandez Signature
Irma Rodriguez Hernandez Print Name
Maestra Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

13 de septiembre de 2021

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P.O. Box 218 Toa Alta, Ruerto Rico 00954

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# Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc: Pro se Notices of Participation Page 43 of 66

Participant must provide all of the information below in English Participant's contact information, including email address, and that of its counsel, 1. if any: 2021 SEP 24 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Pro se Notices of Participation Page 45 of 66 SRF 55923

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Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that of its counsel, if any:
Participant's N	W
Participant's A	ddress: PO Box 2086 Amisco, P. R. 00610
Participant's E	mail Address: 1959annie @ amail. com
Name of Coun	sel:
Address of Cou	unsel:
Email Address	of Counsel:
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Number	17 BK 3283 - 275
Nature of Clair	n: PROMESA (fitulo) Title III
By:	flew ou
Signatu	
Print Na	ame
Title (if	Participant is not an individual)
	ember 5, 2021

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PD Box JOBG

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# Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc: Pro se Notices of Participation Page 47 of 66

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Israel Rosa Catalan
Participant's Address:	P.O. Box 235 Punta Santiago P.N. 00
Participant's Email Address:	israelboatseacraft@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283 LTS
Nature of Claim:	
By: Signature	
Israel Rosa Print Name	Catatán
	<u></u>
Title (if Participant is a	not an individual)
Date 4/September	1000/2001

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Tsrael Rosa Catalán P.D. Box 235 Punta Sartiago P.D. 00741

Juited States District Court
Clurk's Office 150 Ame. Corlos
Chardon Ste.
San Juan P.R. 00918-1767

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# Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc: Pro se Notices of Participation Page 49 of 66

Participant must provide all of the information below in English: CLERKS OFFICE
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Roberto Lopez Arroyo PM 6: 30
Participant's Address: Rebidon cia TUPNA Matos EDIF#58 APT 575 Catan
Participant's Email Address: pobert lopez 05 1954 Cgmail- Cpm
Name of Counsel: Not represented by counsel
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 43809
Nature of Glaim: Pension Metire
By: Meberto Lope Arrayo
Signature /
Roberto hopez Arroyo
Print Name /
Title (if Participant is not an individual)
Date 10, 2021

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel. if any: ✓ Participant's Name: Participant's Address: \* Participant's Email Address: Cruz vivera, 88 @gnail.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK 3283-LTS 17 BK 3566-LTS Claim Number: Nature of Claim: Title (if Participant is not an individual) x Septrembre 11 2021

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San Juan PR 00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Tues Daniel Radianas Horales
Participant's Name:  Urbanizaeson Levitfown Lakes Bris calle Dr. Jose Hartorell Toa Baja
Participant's Email Address: <u>Vayito moti @ gmail.</u> Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - 175 17 BK 3566-2
Nature of Claim:
By: On Dhily Money Signature
Juan Daniel Rodriguez Horales
Print Name
Trial (CCD 1111 1)
Title (if Participant is not an individual)
Septrembre 11 2021
Date

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San Juan PR 00918-1767

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1.

Participant must provide all of the information below in English: CT COURT

Participant's contact information, including email address, and that of its counsel,

if any.
Participant's Name: Lydia E-Nieves García
Participant's Address: P-DBox 1253 Hatillo, P. 200659
Participant's Email Address: <u>Nievestydia 1944 a Jahoo.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel: W/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 160 745
Nature of Claim: Public Employee and Pension Retire Vailes
By: Signature
Lydia E. Nieves Garcia Print Name
I Adividual
Title (if Participant is not an individual)
08- 25-2621
Date

Sydia C Mens East 17-03283-LTS P. 8. Bry 1253 Hatillo, P.R. 00659

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Courté Clerk's Office United State Distric Court, Clerk's office 150 ave, Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Lydia E. Nieves Garcia
Participant's Address: P-0-Box 1253 Hatillo, PR 00659
Participant's Email Address: nievestydia 1949 & yaboo.com
Name of Counsel:
Address of Counsel: W/A
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1617055
Nature of Claim: Public Employee and Pension Retire Claims
By: Andin Ednie
Signature
Ludia E. Nieves García
Print Name
Todasidaal.
Title (if Participant is not an individual)
08-25-2021
Date

P. d. Bry 1253 Case: 17-03283-LTS 1007 Hatillo, P.R. 00659



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Participant must provide all of the information below in English.

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	E. Nieves Garu'a
Participant's Address:	x 1253 Hatille P. Roobsa
Participant's Email Address: Nieves	idia 1940 a yahoo.com
Name of Counsel:	A
Address of Counsel:	la
Email Address of Counsel:	/A
2. Participant's Claim numb	per and the nature of Participant's Claim:
Claim Number: 159	336
Nature of Claim: Ruble E	mployee and Pension Retire Claims
By: Golen Elderin	
Signature	
Lydia E. Nieves Gar	rc'a
Print Name	
Individual	
Title (if Participant is not an indi	vidual)
08-25-2021	
Date	

P. d. Bry 1253 Case: 17-03283-LTS 1007 Hatillo, P.R. 00659



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#### Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Desc Pro se Notices of Participation Page 61 of 66

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any: 2021 SEP 24 PM 6: 30 Participant's Name: Participant's Address: Participant's Email Address: nieves Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual) 2021

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## Case:17-03283-LTS Doc#:18252-1 Filed:09/27/21 Entered:09/27/21 09:23:41 Pro se Notices of Participation Page 63 of 66

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its sounsel, if any:
Participant's Name: Norberto Montalvo Martine
Participant's Address: La Providencia Calle 7 A 1 H-6 Toa Alto
Participant's Email Address: Vely Vera 217 @ quail 10009
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 134685 - 17BK 3783-2TS
Nature of Claim:
By: \\deltau\land\tau
Norberto Montalvo Martinez Print Name
Title (if Participant is not an individual)  Output  Date

2021 SEP 24 PM 6: 29 

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Participant must provide all of the information below in English:

1.	Participant's co	ontact information, including email address, ar	nd that of its counsel,
Participant'	s Name:	EDGARDO MARQUEZ LIZARDI	, j
Participant'	s Address:	190 AVE. HOSTOS APT 030	* *
Participant'	s Email Address: _	SAN JUAN, PR 00918-4628 emarquez@coqui.net	
Name of Co	unsel:		
Address of (	Counsel:		
Email Addre	ess of Counsel:		
2.	Participant's Clai	im number and the nature of Participant's Cla	im:
Claim Numb	er: SOCIAI	L SECURITY NUMBER 500	
Nature of Cla	RETIRE	ED MEMBER OF THE JUDICIARY RETI	REMENT SYSTEM
By: EDG: Print 1	ARDO MARQUEZ 1	LIZARDI VREC	CEIVED & FILED COLERK'S OFFICE
Title (i	if Participant is not a	an individual) 2021	DISTRICT COURT OF SAN JUAN, PR
Date			

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

